Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before February 1, 2010. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.

Filing an annual report containing false information, or omitting information, may result in the assessment of a

civil forfeiture.							
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1. ANNUAL REPORT OF:							
1345		n Place, Inc.					
*WMATC No.	*Name of	Carrler (as shown on certi	ificate of authority)	FEB 1 2010			
817 Varnum Street, N.E., #132, Washington, DC 20017-2144							
*Street Address of	Principal F	Place of Business		Washington Metropolitan Area Transit Commission			
			L	Al Ca			
Mailing Address (if	different f	rom street address)	1				
(202) 580-6700			(202) 526-7572	aslye@myownplaceinc.org			
*Telephone Numbe	er	Other Telephone	Fax Number	E-mall			
2. CARRIER (CONTAC	T PERSON (at mailing	address to whom we sh	ould direct inquiries):			
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Ms. Rosita Stevens Holsey Director of Operations							
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			Director of Operation	s moderahi			
Ms. Rosita Stev				s redepolo retevens holsey@myownplaceinc.org			
Ms. Rosita Stev *Name	ens Holse	- J	*Title	rodepbi			
Ms. Rosita Stevi *Name (202) 580-6708	ens Holse	(202) 386-440	*Title (202) 526-7572	rodeybi retevens-holsey@myownplaceinc.org			
Ms. Rosita Stevi *Name (202) 580-6708 *Telephone Number	ens Holse	(202) 386-440 4 Other Telephone	*Title (202) 526-7572 Fax Number	redevolo retevene-holsey@myownplaceinc.org E-mail			
Ms. Rosita Stevi	ens Holse	(202) 386-440 Other Telephone	*Title (202) 526-7572 Fax Number	retevens-holsey@myownplaceinc.org E-mail FOR SERVICE OF PROCESS			
Ms. Rosita Stevi	ens Holse	(202) 386-440 Other Telephone	*Title (202) 526-7572 Fax Number OPOLITAN DISTRICT	retevens-holsey@myownplaceinc.org E-mail FOR SERVICE OF PROCESS			
Ms. Rosita Stevent *Name (202) 580-6708 *Telephone Number 3. REGISTER *(Complete	ens Holse er ED AGEN ONLY if	(202) 386-440 Other Telephone NT INSIDE THE METR Street Address in item	*Title (202) 526-7572 Fax Number OPOLITAN DISTRICT	retevens-holsey@myownplaceinc.org E-mail FOR SERVICE OF PROCESS			
Ms. Rosita Stevent *Name (202) 580-6708 *Telephone Number 3. REGISTER *(Complete	ens Holse er ED AGEN ONLY if	(202) 386-440 Other Telephone	*Title (202) 526-7572 Fax Number OPOLITAN DISTRICT	retevens-holsey@myownplaceinc.org E-mail FOR SERVICE OF PROCESS			
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contro	ol, or form	of organizati	merger, consolidation or other change ion that occurred after the previous yea ier's certificate of authority was issued	ar's annual repo	rt was filed,	or if
			uch changes have occurred.	. Il lio changes	are entered	below,
5. *LIST	OF REVE	NUE VEHIC	LES USED IN WMATC OPERATIONS	S: Choose one	of the followi	na
three o	options: (1)	list your ve	hicles below; (2) make any necessary n; or (3) attach your own vehicle list.	corrections on t	he enclosed	vehicle
Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
	***************************************		F C E I W I			
			FEB 1 2010			
			Washington Metropo Area Transit Commi	sion		
6. *CER	TIFICATIO	N·				
I certify tha	at this repo	rt, including	any attachments, was prepared by me formation contained in it is true, correc			
Than	J	- Den	812			
*Name (Type	or Print)		*Signature	X		
*Title	()		*Date			·

WMATC No: 1345 Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name:

My Own Place, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

A Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
	2005	Ford	2FMZA50625BA22296	45850B	MD	7
	2006	Ford	1FBNE31L16HA05093	45853B	MD	15
	2006	Ford	1FBNE31L86HA38186	B43498	DC	7
	2004	Ford	2FMZA50674BA07646	45859B	MD	7
	2006	Ford	2FMZA516X6BA27021	45852B	MD	7
	2005	Ford	1FBNE31L16HA05000	B43499	DC	7
	2005	Ford	2FMZA50625BA31774	45851B	DC	7
	2005	Ford	2FMZA50625BA39695	B43497	DC	7
	2005	Ford	2FMZA50625BA35503	45860B	MD	7
	2005	Ford	1FBNE31L65HA10577	45858B	MD	15

